

TRANSMITTAL FORM

Attorney Docket No.
2959PIn re the application of: **Mahendra PAKALA, et al.**Confirmation No: **3326**Serial No: **10/714,357**Group Art Unit: **2818**Filed: **November 14, 2003**Examiner: **Le, Thao P.****RECEIVED**
APR 06 2006For: **Stress Assisted Current Driven Switching for Magnetic Memory Applications****OFFICE OF PETITIONS**

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Petition under 37 CFR 1.313(c)	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	<input checked="" type="checkbox"/> RCE Transmittal	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input checked="" type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	<input checked="" type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	<input checked="" type="checkbox"/> 1 Reference Copy	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .			
<input type="checkbox"/>	<input type="checkbox"/> Executed Declaration by Inventor(s)				

CLAIMS

FOR	Claims Remaining	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	25	40	0	\$ 25.00	\$ 0.00
Independent Claims	3	5	0	\$100.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Check no. <u>10111</u> in the amount of \$ <u>525.00</u> is enclosed for payment of fees. (Petition Fee \$130.00; RCE Transmittal Fee \$395.00)
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Janyce R. Mitchell, Reg. No. 40,095
Signature	/Janyce R. Mitchell/Reg. No. 40,095 Janyce R. Mitchell
Date	April 5, 2006

CERTIFICATE OF HAND DELIVERY

I hereby certify that this correspondence is being hand delivered to the United States Patent and Trademark Office, Mail Stop 313(c), on April ____, 2006.	
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